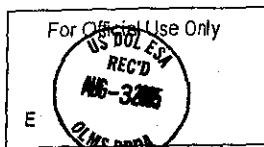


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>4625</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>JOSEPH A STINGER</u> P.O. Box, Bldg., Room No., if any _____ Street <u>753 STATE AVE, SUITE 450</u> City <u>KANSAS CITY</u> State <u>KS</u> ZIP Code + 4 <u>66101</u>	4. Name, file number, and address of labor organization. Name <u>BOILER MAKERS INTL.</u> Labor Organization File Number <u>000-074</u> P.O. Box, Building and Room Number, if any _____ Street <u>753 STATE AVE.</u> City <u>KANSAS CITY</u> State <u>KS</u> ZIP Code + 4 <u>66101</u>
5. Position in labor organization. <u>INTERNATIONAL VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>BABCOCK &amp; WILCOX CONSTRUCTION</u> Trade Name, if any: <u>B &amp; W</u> P.O. Box, Bldg., Room No., if any _____ Street <u>90 EAST TUSCARAWAS AVE, P.O. BOX 665</u> City <u>BABBERTON</u> State <u>OHIO</u> ZIP Code + 4 <u>44203-6665</u>	7.a. Nature of Interest, Transaction, or Income. <u>LABOR MANAGEMENT CONFERENCE THAT INCLUDES OWNERS IN THE CONSTRUCTION INDUSTRY</u> <u>DATE OF EVENT: 9/26-28, 2004</u> 7.b. Amount <u>FISHING \$50.00</u> <u>GOLF GIFT BASKET \$75.00</u> <u>\$125.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Joseph A. Stinger</u>	On <u>7/22/05</u> <u>(913) 281-8175</u> Date Telephone Number

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BROTHERHOOD BANKSHARES**Trade Name, if any: **BROTHERHOOD BANK**

P.O. Box, Bldg., Room No., if any

Street **756 MINNESOTA AVE.**City **KANSAS CITY**State **KANSAS** ZIP Code + 4 **66101**

9. Business deals with:

- ☒ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

11.a. Nature of such dealing.

**THE BOILERMAKERS INTL.  
HAS STOCK INTEREST IN  
THE BANK  
(OVER)**

11.b. Approximate dollar value of such dealing. **\$16.5 MILLION**

12.a. Nature of interest held or income received.

**I HAVE 50 SHARES OF  
BANK STOCK @ \$45.00 PER  
SHARE**

12.b. Amount. **\$4,750.00**

\* If 9.b. or 9.c. is checked give trust or employer's name.

Name **BOILERMAKERS BLACKSMITH  
NATIONAL PENSION TRUST**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **754 MINNESOTA AVE**City **KANSAS CITY**State **KANSAS** ZIP Code **66101-2766**

**\* ALSO THE:  
NATIONAL ANNUITY TRUST  
NATIONAL HEW TRUST  
BOTH @ THE ABOVE ADDRESS  
(OVER)**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

10-CONTINUED

THE OFFICERS & EMPLOYEES  
PENSION PLAN

753 STATE AVE, SUITE 565

KANSAS CITY, KS 66101

11 (a) ~~MONEY MANAGER~~/CUSTODIAL BANK

CUSTODIAL BANK

(b) \$69,477,220

Name of Person Filing

JOSEPH A. STINGER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BOILERMAKERS WESTERN STATES JAC**Trade Name, if any: **WESTERN STATES JAC**

P.O. Box, Bldg., Room No., if any

Street **P.O. BOX 1460**City **EAST HELENA, MT**State **MT** ZIP Code + 4 **59635**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE-SECRETARY OF TRUST**

11.b. Approximate dollar value of such dealing.

**1.5 million**

12.a. Nature of interest held or income received.

**JULY 13-15 WESTERN STATES JAC DINNER**

12.b. Amount.

**\$ 48.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BOILERMAKERS WESTERN STATES JAC**Trade Name, if any: **WESTERN STATES JAC**

P.O. Box, Bldg., Room No., if any

Street **P.O. BOX 1460**City **EAST HELENA, MT**State **MT** ZIP Code + 4 **59635**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE-SECRETARY OF TRUST**

11.b. Approximate dollar value of such dealing.

**1.5 MILLION**

12.a. Nature of interest held or income received.

**DEC 14th, 2004 WESTERN STATES, JAC DINNER**

12.b. Amount.

**\$ 48.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

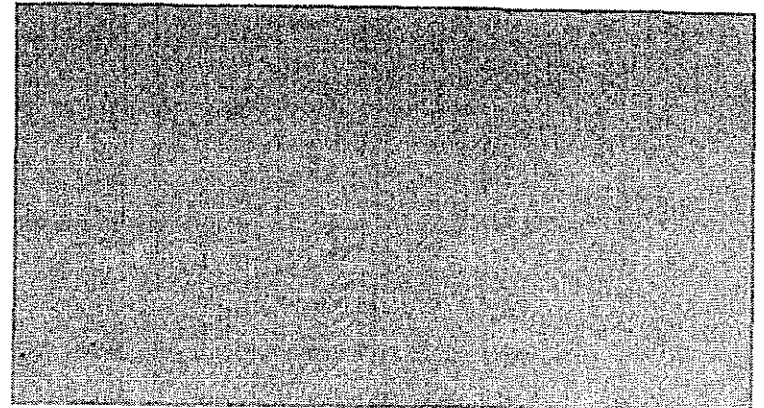
P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.